

## Case 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 1 of 41 Page 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 1 of 41 Page 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 1 of 41 Page 3:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 1 of 41 Page 3:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 1 of 41 Page 3:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 1 of 41 Page 3:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 3:18-cv-01130-KAM-RLM D

#### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

Patient Name  ERNEST	CURRY		Date of Birth	Social Security Number
Patient Address		TREET	(F = 0)	
	FREEPORT, NY	11520		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV\* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL

CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).					
7. Name and address of health provider or entity to release this information: NASSAU UNIVERSITY MEDICAL CENTER,					
2201 HENDERSON TUDAPIKE FORT MERADINA, NY 11554					
8. Name and address of person(s) or category of person to whom this information will be sent: OFFICE OF THE NASSAU					
LOUNTY ATTORNEY LIORA BEN-SOREK, ESQ., ONE WEST STREET, MINEOLA, NY 11501					
9(a). Specific information to be released:					
Medical Record from (insert date)t	o (insert date)				
Entire Medical Record, including patient histories, office no	ites (except psychotherapy notes), test results, radiology studies, films,				
referrals, consults, billing records, insurance records, and re					
☐ Other:	Include: (Indicate by Initialing)				
	Alcohol/Drug Treatment				
Mental Health Information					
Authorization to Discuss Health Information	HIV-Related Information				
(b) By initialing here I authorize					
Initials	Name of individual health care provider				
to discuss my health information with my attorney, or a governmental agency, listed here:					
OFFICE OF THE NASSAU COUNTY ATTORNEY  (Attorney/Firm Name or Gov	ernmental Agency Name)				
10. Reason for release of information:	11. Date or event on which this authorization will expire:				
☐ At request of individual	11. Dute of event on which this administration will disperse				
Other: LITIGATION	END OF LITIGATION				
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:				
All items on this form have been completed and my questions about copy of the form.	this form have been answered. In addition, I have been provided a				

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Signature of patient or representative authorized by law.



#### Case 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 2 of 41 PageID #: 117

OCA Official Form No.: 960

### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
ERNEST CURRY		
Patient Address		
FREEPORT, NY 11520		

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- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b). 7. Name and address of health provider or entity to release this information: NASSAN COUNT POLICE AMBULANCE BUREAU, 1490 FRANKLIN AVENUE, MINEOLA, NY 11501

8. Name and address of person(s) or category of person to whom this information will be sent: OFFICE OF THE NASSAU COUNTY ATTORNEY LIORA BEN-SOREK, ESR., ONE WEST STREET, MINEOLA, NY 11501 9(a). Specific information to be released: \_ to (insert date) \_ ☐ Medical Record from (insert date)\_ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. Include: (Indicate by Initialing) Other: Alcohol/Drug Treatment Mental Health Information HIV-Related Information Authorization to Discuss Health Information (b) By initialing here I authorize Name of individual health care provider to discuss my health information with my attorney, or a governmental agency, listed here: DEFICE OF THE NASSAU COUNTY ATTORNEY (Attorney/Firm Name or Governmental Agency Name) 11. Date or event on which this authorization will expire: 10. Reason for release of information: ☐ At request of individual 1 Other: LITIGATION 12. If not the patient, name of person signing form:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date:

<sup>\*</sup> Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



OCA Official Form No.: 960

# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

Patient Name ERNEST CURRY	Date of Birth	Social Security Number
Patient Address		!!
FREEPORT, NY 11520		

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- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b). 7. Name and address of health provider or entity to release this information: NASSAU COUNTY CORRECTIONAL CENTER, 100 CARMAN AVENUE, EAST MEADOW, NY 11554 8. Name and address of person(s) or category of person to whom this information will be sent: OFFICE OF THE NASSAU COUNTY ATTORNEY LIORA BEN-SOREK, ESR., ONE WEST STREET, MINEOLA, NY 11501 9(a). Specific information to be released: \_\_ to (insert date) \_\_ ☐ Medical Record from (insert date) ZEntire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. Include: (Indicate by Initialing) Other: Alcohol/Drug Treatment Mental Health Information **HIV-Related Information** Authorization to Discuss Health Information (b) By initialing here I authorize Name of individual health care provider to discuss my health information with my attorney, or a governmental agency, listed here: OFFICE OF THE NASSAU COUNTY ATTORNEY (Attorney/Firm Name or Governmental Agency Name) 11. Date or event on which this authorization will expire: 10. Reason for release of information: ☐ At request of individual 1 Other: LITIGATION 12. If not the patient, name of person signing form: All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Signature of patient or representative authorized by law.

Date:

#### Case 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 4 of 41 PageID #: 119

OCA Official Form No.: 960



### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

Patient Name  ERNEST	CURRY		Date of Birth	Social So	ecurity Number
Patient Address			 		
	FREGBRT, NY	11520			

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

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- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this in	formation:		
COUNTY ATTORNEY LIORA BEN-SOREK, ESQ., C	his information will be sent: OFFICE OF THE NASSAU  NE WEST STREET, MINEOLA, NY 11501		
9(a). Specific information to be released:			
Medical Record from (insert date)	to (insert date)		
☑ Entire Medical Record, including patient histories, office r	notes (except psychotherapy notes), test results, radiology studies, films,		
referrals, consults, billing records, insurance records, and			
☐ Other:	Include: (Indicate by Initialing)		
	Alcohol/Drug Treatment		
· · · · · · · · · · · · · · · · · · ·	Mental Health Information		
Authorization to Discuss Health Information	HIV-Related Information		
(b) By initialing here I authorize			
Initials Name of individual health care provider			
to discuss my health information with my attorney, or a gove	ernmental agency, listed here:		
OFFICE OF THE NASSAU COUNTY ATTORNEY			
(Attorney/Firm Name or Go			
10. Reason for release of information:	11. Date or event on which this authorization will expire:		
At request of individual	END OF LITIGATION		
Other: LITIGATION			
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:		
All items on this form have been completed and my questions about copy of the form.	at this form have been answered. In addition, I have been provided a		
	Date:		
Signature of patient or representative authorized by law.			

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

#### Case 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 5 of 41 PageID #: 120

OCA Official Form No.: 960



### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name ERNEST CURRY	Date of Birth	Social Security Number
Patient Address		
FREEFORT, NY 11520		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

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- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this	
8. Name and address of person(s) or category of person to whom County ATTORNEY LIORA BEN-SOREK, ESR.	n this information will be sent: OFFICE OF THE NASSAU  ONE WEST STREET, MINEOLA, NY 11501
9(a). Specific information to be released:	
D. M. diest Descriptions (import data)	to (insert date)
Finite Medical Record, including patient histories, office	ce notes (except psychotherapy notes), test results, radiology studies, illins,
referrals, consults, billing records, insurance records, a	nd records sent to you by other health care providers.
☐ Other:	Include: (Indicate by Initialing)
	Alcohol/Drug Treatment
	Mental Health Information
	HIV-Related Information
Authorization to Discuss Health Information	1
(b) By initialing here I authorize	
Initials	Name of individual health care provider
to discuss my health information with my attorney, or a g	overnmental agency, listed here:
DEFICE OF THE NASSAU COUNTY ATTORN	$\Theta$
(Attorney/Firm Name or	Governmental Agency Name)
10. Reason for release of information:	11. Date or event on which this authorization will expire:
☐ At request of individual	END OF LITIGATION
Other: LITIGATION	
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
All items on this form have been completed and my questions a	bout this form have been answered. In addition, I have been provided a
copy of the form.	
copy of the form.	
	Date:
Signature of patient or representative authorized by law.	

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

#### Case 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 6 of 41 PageID #: 121

OCA Official Form No.: 960



### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name ERNEST CURRY	Date of Rirth	Social Security Number
Patient Address	- A	
FREGORT, NY 11520		

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CARE WITH ANTONE OTHER THAN THE ATTORICET OF		
7. Name and address of health provider or entity to release this info		
9 Name and address of person(s) or category of person to whom the	is information will be sent: OFFICE OF THE NASSAU	
County Attorney Liora BEN-SOREK, ESR., O.	16 WEST STREET MOLECULA MY 11501	
	OF WEST STREET, THINESPH, NT 11201	
9(a). Specific information to be released:	(1-4)	
☐ Medical Record from (insert date)	(insert date)	
referrals, consults, billing records, insurance records, and re	otes (except psychotherapy notes), test results, radiology studies, films, ecords sent to you by other health care providers.	
Other:	Include: (Indicate by Initialing)	
	Alcohol/Drug Treatment	
	Mental Health Information	
Authorization to Discuss Health Information	HIV-Related Information	
(b) By initialing here I authorize		
Initials Name of individual health care provider		
to discuss my health information with my attorney, or a gover	nmental agency, listed here:	
OFFICE OF THE NASSAU COUNTY AFTORNEY		
(Attorney/Firm Name or Gov	ernmental Agency Name)	
10. Reason for release of information:	11. Date or event on which this authorization will expire:	
☐ At request of individual	T.10 1 1 1	
D'Other: LITIGATION	END OF LITIGATION	
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:	
1 5 5		
All items on this form have been completed and my questions about copy of the form.	this form have been answered. In addition, I have been provided a	
	Date:	

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Signature of patient or representative authorized by law.



OCA Official Form No.: 960



### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name ERNES	T CURRY		Date of Birth	Social Security Number
Patient Address	Carre			
	FREEDRT,	NT 11520		

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7. Name and address of health provider or entity to release this	
8. Name and address of person(s) or category of person to who	m this information will be sent: OFFICE OF THE NASSAU
COUNTY ATTORNEY LIORA BEN-SOREK, ESR.	, ONE WEST STREET, MINEOLA, NY 11501
9(a). Specific information to be released:	
☐ Medical Record from (insert date)	to (insert date)
Entire Medical Record, including patient histories, offi referrals, consults, billing records, insurance records, a	ce notes (except psychotherapy notes), test results, radiology studies, films and records sent to you by other health care providers.
☐ Other:	Include: (Indicate by Initialing)
	Alcohol/Drug Treatment
	Mental Health Information
Authorization to Discuss Health Information	HIV-Related Information
(b) By initialing here I authorize	
Initials	Name of individual health care provider
to discuss my health information with my attorney, or a g	governmental agency, listed here:
OFFICE OF THE NASSAU COUNTY ATTORN	r Governmental Agency Name)
10. Reason for release of information:	11. Date or event on which this authorization will expire:
At request of individual	
Other: LITIGATION	ENA OF LITIGATION
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
All items on this form have been completed and my questions a copy of the form.	about this form have been answered. In addition, I have been provided a
×	Date:
Signature of patient or representative authorized by law.	

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

UNITED STATES DISTRICT COURT	
EASTERN DISTRICT OF NEW YORK	
	X
ERNEST CURRY,	

CV-18-1130 (KAM) (SMG)

Plaintiff,

DEFENDANTS'
INITIAL NARRA

against

INITIAL NARRATIVE STATEMENT (AMENDED)

NASSAU COUNTY FIRST PRECINCT, BALDWIN, SEAN CONROY (SERIAL #9258), DET. KEVIN DUX (SERIAL #7565), STEVEN SPLEGELEIRE (SERIAL #9410), DOMINICK MANTOVANI (SERIAL #9786), JOSEPH PHILBIN (SERIAL #9429) MATTHEW PLASECKI (SERIAL #9719) MICHAEL SLERZAN (SERIAL #9655), SEAN LEDWITH (SERIAL #9302), and NICHOLAS DATTOMA (SERIAL #9286),

]	Defendants.
	X

Defendants by their counsel, Jared A. Kasschau, Nassau County Attorney, by Liora M. Ben-Sorek, Deputy County Attorney, set forth their Initial Narrative Statement as follows:

<u>Plaintiff's Position</u>: According to the Complaint (DE 1) and Plaintiff's Narrative Statement (DE 23), on September 23, 2017 numerous police officers descended upon Plaintiff's home located on Jefferson Avenue in Roosevelt, New York, broke down a door and assaulted him.

More particularly, Plaintiff states that police were called to the home by one of the residents of the home, a "Mr. Phillips." Upon their arrival at the premises, police from the First Precinct were admitted into the home by Mr. Phillips. Plaintiff had been in his bedroom at the time. When he encountered the officers, Plaintiff states that he complied with their directive to show his hands but was, nevertheless, tased by them. He states that officers then tackled him and threw him to the floor. Officers transported to the hospital by ambulance. While in the ambulance it is alleged that

Plaintiff was injected with an unknown substance which put him to sleep. When he awoke, Plaintiff says he felt pain in his hands, knees, neck and back.

**Defendants' Position**: On September 23, 2017 a 911 call for assistance was placed by Bernelle Phillips. Mr. Phillips claimed that at approximately 11:15 p.m. that night Ernest Curry (from whom Phillips rented a room in the house) broke down the door to Phillips' room, climbed on him while holding a knife and threatening Phillips. Curry was also alleged to have destroyed some of Phillips' property with a value exceeding \$1,600.

Phillips says that he managed to escape and call police. Upon their arrival at the premises, police were met by Phillips who admitted them to the home and advised officers that Curry was armed with a knife. Plaintiff who was sitting at the kitchen table, stood up and walked towards the officers when he observed them. Plaintiff ignored police directives to stop and show his hands, instead continuing to advance towards the officers. One of the officers then deployed his taser which had no effect. A second taser deployment had effect. Officers observed a folding knife fall from Plaintiff's pocket and Plaintiff reached for it. After a struggle, Plaintiff was placed in custody. Plaintiff was transported to Nassau University Medical Center for evaluation and any necessary treatment. At the hospital Plaintiff was found "fit for confinement" and released to police custody.

Plaintiff was charged with burglary, false imprisonment, criminal possession of a weapon, criminal mischief, menacing and resisting arrest. Upon information and belief, Plaintiff was indicted on all charges. Also upon information and belief, there was a disposition on the criminal charges which resulted in a conviction against Plaintiff.

#### **Defendants' Witnesses:**

Bernelle Phillips, 24 Jefferson Avenue, Roosevelt, New York 11575; Police Officer Piasecki, 1490 Franklin Avenue, Mineola, New York 11501; Police Officer Mantovani, 1490 Franklin Avenue, Mineola, New York 11501; Detective K. Healy, 1490 Franklin Avenue, Mineola, New York 11501; Police Officer Conroy, 1490 Franklin Avenue, Mineola, New York 11501; Police Officer Dattoma, 1490 Franklin Avenue, Mineola, New York 11501; Detective Dux, 1490 Franklin Avenue, Mineola, New York 11501; Police Officer Ledwith, 1490 Franklin Avenue, Mineola, New York 11501; Police Officer Sierzant, 1490 Franklin Avenue, Mineola, New York 11501; Police Officer Spiegeleire, 1490 Franklin Avenue, Mineola, New York 11501;

The Police witnesses may only be reached through the Office of the Nassau County Attorney, One West Street, Mineola, New York 11501.

#### **Defendants' Documents:**

Arrest Report (Nassau County 000001-2)
Case Summary Report (Nassau County 000003-7)
"Just Ware" Police Inquiry Report (Nassau County 000008-11)
Memo Book of P.O. Dattoma (Nassau County 000014-17)
Memo Book of P.O. Piasecki (Nassau County 000018-21)
Memo Book of P.O. Sierzant (Nassau County 000022-25)
Memo Book of P.O. Mantovani (Nassau County 000027-30)

#### Amendment/Supplementation

Defendants reserve the right to further amend and/or supplement this Narrative Statement in the future in accordance with all applicable laws and rules.

Dated: Mineola, New York May 9, 2019

> JARED A. KASSCHAU Nassau County Attorney One West Street Mineola, New York 11501 Attorney for Defendants

By: <u>Liora M. Ben-Sorek</u> Liora M. Ben-Sorek Deputy County Attorney (516) 571-3014 To: Ernest Curry (Via First Class Mail)
33 Wallace Street
Freeport, New York 11520
Plaintiff *Pro Se* 

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ARREST NARRATIVE	09/23/2017	23:23	MIL PM	2017CR334672	
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Full Charge Description(s)

Chargo 1: PL 140.30 03

Burglary in The First Degree

Charge 2: PL 135,10

Unlawful Imprisonment In The First Degree

Charge 3: PL 265.02 01

Criminal Possession Of A Weapon In The Third Degree

Charge 4: PL 145.10 Criminal Mischief In The Second Degree

VICTIM BERNELLE PHILLIPS STATES THAT ON 9/23/2017 AT APPROXIMATELY 2315 HOURS HE WAS SLEEPING IN A ROOM THAT HE RENTS FROM DEFENDANT ERNEST CURRY AT III JEFFERSON AVENUE WHEN CURRY BROKE THE DOOR DOWN AND ENTERED THE ROOM. CURRY THEN CLIMBED ON TOP OF PHILLIP, HELD A KNIFE TO HIS THROAT AND STARTED YELLING AT PHILLIPS, "I SHOULD FUCKING KILL YOU, YOU PIECE OF SHIT, I WANT YOU OUT OF MY HOUSE, GET THE FUCK OUT NOW OR I'LL KILL YOU," PHILLIPS MANAGED TO ESCAPE AND CURRY THEN STARTED TO DESTROY SOME OF PHILLIP'S POSSESSIONS INCLUDING A CEILING LIGHT, TWO CELLPHONES, A TV, AND DVD PLAYER WITH A TOTAL VALUE EXCEEDING \$1600.00. PHILLIPS CALLED 911 AND WHEN POLICE ARRIVED, HE DIRECTED THEM INSIDE OF THE LOCATION AND ADVISED THEM THAT CURRY WAS ARMED WITH A KNIFE AND WAS ACTING IN A VIOLENT, THREATENING MANNER. MULTIPLE OFFICERS ENTERED THE LOCATION AND ENCOUNTERED CURRY SITTING AT THE KITCHEN TABLE. WHEN CURRY OBSERVED OFFICERS, HE STOOD UP AND BEGAN TO WALK TOWARDS THEM. OFFICERS MADE MULTIPLE COMMANDS TO CURRY TO STOP MOVING TOWARDS THEM AND TO SHOW OFFICERS HIS HANDS, AS CURRY CONTINUED TO ADVANCE TOWARDS THEM AND IGNORE THE OFFICER'S VERBAL COMMANDS, PO PIASECKI DEPLOYED HIS TASER AT CURRY WITH NO EFFECT. PO MANTOVANI THEN DEPLOYED HIS TASER WITH EFFECTIVE RESULTS. OFFICERS THEN ENGAGED IN A BRIEF VIOLENT PHYSICAL STRUGGLE, DURING WHICH TIME BOTH PO PIASECKI AND PO MANTOVANI DID DEPLOY THEIR TASERS FOR A SECOND TIME. WHILE FIGHTING WITH CURRY, OFFICERS OBSERVED AN OPEN FOLDING KNIFE FALL OUT OF CURRY'S POCKET, AND THEN OFFICERS OBSERVED CURRY REACH FOR THE KNIFE. PO MANTOVANI WAS ABLE TO GAIN POSSESSION OF AND SECURE THE KNIFE AT WHICH POINT OFFICERS WERE ABLE TO PLACE THE DEFENDANT INTO CUSTODY, DEFENDANT TRANSPORTED TO NUMC IN 2361 FOR TREATMENT AND EVALUATION. THE DEFENDANT WAS FOUND FIT FOR CONFINEMENT.

#### OTHER CHARGES

PL 120.13 E FEL - (1) - Menacing In The First Degree

PL 205.30 A MIS - (1) - Resisting Arrest

<sup>120</sup> ADDITIONAL ARREST INFORMATION

Agency: PDCN

Case Number: 2017CR334672

Date: 2/20/2019 10:26:13 Last Modified: 9/24/2017 07:42:11

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Nassau County 000003

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Nassau County 000004

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Suspect Details

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Case Number: 2017CR334672

Date: 2/20/2019 10:26:13

Last Modified: 9/24/2017 07:42:11

				Propert	ý						
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Gun Type	Caliber			Grip	Grip			Gun Stock			
Condition Gun Test Test Type  ☐ Yes ☑ No						Sight Test Sight Type  ☐ Yes ☑ No					
Item Details listed items are taser of	artridges deplo	yed by Officers	during in	cident							
Seq. # Description TAN HAND	LE FOLDING	KNIFE			+	Serial l	Number	Make/Mo	odel		
Owner CURRY, ERNEST				License / State		C	olor		Alarm No		
Status Officer EVIDENCE HEALY, KIERAN J					Qua	ntity 1,00	Units of Measure	<b>Valu</b> \$1.0			
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Item Details  listed knife recovered  Seq. Description	by arresting of	ficers after knife	e fell out o	f defendant's po	cket at		lurring a struggle.	Make/Mo	del		
1 ASSORTED	DAMAGED I	PROPERTY		194-1-			olor		Aların No		
Owner PHILLIPS, BERNEL				License / State			,				
Status DESTROYED/DAM.		Status Officer PIASEC	KI, MATT	ГНЕ <b>W M</b>	Quai	1:00	Units of Measure	Value \$160	0.00		
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Condition	Condition Gun Test Test Type  ☐ Yes ☑ No						Sight Test Sight Type ☐ Yes ☑ No				
Item Details ASSORTED DAMAG	ED PROPERT	Υ									

Nassau County 000006

Agency: PDCN

Case Number: 2017CR334672

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Last Modified: 9/24/2017 07:42:11

#### Notes/Continuation

VICTIM BERNELLE PHILLIPS STATES THAT ON 9/23/2017 AT APPROXIMATELY 2315 HOURS HE WAS SLEEPING IN A ROOM THAT HE RENTS FROM DEFENDANT ERNEST CURRY AT EFFERSON AVENUE WHEN CURRY BROKE THE DOOR DOWN AND ENTERED THE ROOM. CURRY THEN CLIMBED ON TOP OF PHILLIP, HELD A KNIFE TO HIS THROAT AND STARTED YELLING AT PHILLIPS, "I SHOULD FUCKING KILL YOU, YOU PIECE OF SHIT, I WANT YOU OUT OF MY HOUSE. GET THE FUCK OUT NOW OR I'LL KILL YOU." PHILLIPS MANAGED TO ESCAPE AND CURRY THEN STARTED TO DESTROY SOME OF PHILLIP'S POSSESSIONS INCLUDING A CEILING LIGHT, TWO CELLPHONES, A TV, AND DVD PLAYER WITH A TOTAL VALUE EXCEEDING \$1600.00. PHILLIPS CALLED 911 AND WHEN POLICE ARRIVED, HE DIRECTED THEM INSIDE OF THE LOCATION AND ADVISED THEM THAT CURRY WAS ARMED WITH A KNIFE AND WAS ACTING IN A VIOLENT, THREATENING MANNER. MULTIPLE OFFICERS ENTERED THE LOCATION AND ENCOUNTERED CURRY SITTING AT THE KITCHEN TABLE. WHEN CURRY OBSERVED OFFICERS, HE STOOD UP AND BEGAN TO WALK TOWARDS THEM. OFFICERS MADE MULTIPLE COMMANDS TO CURRY TO STOP MOVING TOWARDS THEM AND TO SHOW OFFICERS HIS HANDS, AS CURRY CONTINUED TO ADVANCE TOWARDS THEM AND IGNORE THE OFFICER'S VERBAL COMMANDS, PO PIASECKI DEPLOYED HIS TASER AT CURRY WITH NO EFFECT. PO MANTOVANI THEN DEPLOYED HIS TASER WITH EFFECTIVE RESULTS. OFFICERS THEN ENGAGED IN A BRIEF VIOLENT PHYSICAL STRUGGLE, DURING WHICH TIME BOTH PO PIASECKI AND PO MANTOVANI DID DEPLOY THEIR TASERS FOR A SECOND TIME. WHILE FIGHTING WITH CURRY, OFFICERS OBSERVED AN OPEN FOLDING KNIFE FALL OUT OF CURRY'S POCKET, AND THEN OFFICERS OBSERVED CURRY REACH FOR THE KNIFE. PO MANTOVANI WAS ABLE TO GAIN POSSESSION OF AND SECURE THE KNIFE AT WHICH POINT OFFICERS WERE ABLE TO PLACE THE DEFENDANT INTO CUSTODY, DEFENDANT TRANSPORTED TO NUMC IN 2161 FOR TREATMENT AND EVALUATION. THE DEFENDANT WAS FOUND FIT FOR CONFINEMENT.

Nassau County 000007

Change Credentials			View Report
14 4 1 of 2 > >1	find	Next 🖳 🕶	
Case Summary			
CURRY, ERNEST ~ Burgl	ary-1st Degree: Use	or Threaten Use of Dangerous Instrument	
NYSID # 05450680P	IDB # 0191831	Case Status: Closed Case Type: County Court Defendant Sentenced	
Arrest Date: 9/23/2017 11:23	:00 PM	Arrest Location: Jefferson Ave, Roosevelt	
Agency Type	Number	Agency	
Arrest #	2017AR302331	NCPD 1st	
Bureau		CCB	
Crime Report #	2017CR334672	NCPD 1st	
Docket # - NEW	CR-024124-17NA	District Court	
ECAB #	11129/17	ECAB Auto-added	
Felony Screening Bureau #	CC519010-01	Felony Screening Bureau	
Indictment #	01563N-2017	Grand Jury	
OCA #	001331665	OCA	8 9
DOB:	Case ID: 17-44785	Entered Date: 9/24/2017	
Address: Jefferson Ave Roos		Case Status Date: 12/14/2017	
Age: 514 days Active Age: 8	uays	Case Add Date: 9/24/2017	
AKA: BORN ALLAH AKA: ALLAH BORN DOB: DOB: DOB: POP Prior Felony Offender Prior Felony Type: SISDA FEI	LONY SENTENCE		
Other Involvements  ECAB  McKenna, Kelly Ann - McI  Private Attorney		7 1	
PAPA, DANIELLE M   516  NCDA Involvements	Z30 0001     10/12/201	/	
Current Active ADA  Nadeau, Sarah - snadeau  Past Assigned ADA  Dunn, Charles - cdunn - F  Soldatos, Evgenia - esold	elony Screening Bureau		
Police Officer Involvement		The state of the s	
NCPD 1st CONROY, SEAN M PO - DATTOMA, NICHOLAS A P	Assisting Officer   O - Assisting Officer   Investigating Detective   Assisting Detective   Assisting Officer	cer     001     1SQ   001 COPE fficer     001	

Police Inquiry Report

Page 2 of 2

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PIASECKI, MATTHEW M PO - 9719 | Arresting Officer | | 001 SIERZANT, MICHAEL A PO - 9655 | Assisting Officer | | 001 SPIEGELEIRE, STEPHEN PO - 9410 | Assisting Officer | | COPE
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Docket

1. PL 14030 03 - Burglary-1st Degree: Use or Threaten Use of Dangerous Instrument - B | F

DOI: 9/23/2017 11:16 PM

Docket Number #: CR-024124-17NA Location: JEFFERSON AVE, ROOSEVELT

Attribute

Weapon - Knife

Dispo: Modified by DA

Dispo Date: 10/6/2017

PL 14025 02 - Burglary 2nd Degree: Illegal Entry- Dwelling - C | F

DOI: 8/23/2017 12:00 AM

Location: efferson Ave., Roosevelt

Dispo: Indicted

Dispo Date: 10/6/2017

2. PL 26502 01 ~ Criminal Possession Weapon-3rd: Previous Conviction - D | F

DOI: 9/23/2017 11:16 PM

Docket Number #: CR-024124-17NA Location: JEFFERSON AVE, ROOSEVELT

**Attribute** 

Weapon - Knife

Dispo: Indicted

Dispo Date: 10/6/2017

3. PL 14510 00 - Criminal Mischief -2nd Degree - D | F

DOI: 9/23/2017 11:16 PM

Docket Number #: CR-024124-17NA

Location: JEFFERSON AVE, ROOSEVELT

Dispo: Indictment Covers Charge

Dispo Date: 10/6/2017

4. PL 12013 00 - Menacing-1st Degree - E | F

DOI: 9/23/2017 11:16 PM

Docket Number #: CR-024124-17NA

Location: JEFFERSON AVE, ROOSEVELT

Dispo: Indicted

Dispo Date: 10/6/2017

5. PL 13510 00 ~ Unlawful Imprisonment-1st Degree ~ E | F

DOI: 9/23/2017 11:16 AM

Docket Number #: CR-024124-17NA

Location: JEFFERSON AVE, ROOSEVELT

Dispo: Indictment Covers Charge

Dispo Date: 10/6/2017

6. PL 20530 00 - Resisting Arrest - A | M

DOI: 9/23/2017 11:16 PM

Docket Number #: CR-024124-17NA

Location: JEFFERSON AVE, ROOSEVELT

Dispo: Indicted

Dispo Date: 10/6/2017



Page 1 of 2

2/20/2019 10:28:07 AM

Change Credentials	View Report
Find   Next	
Case Summary	
Indicted  1. PL 14025 02 ~ Burglary 2nd Degree: Illegal Entry- Dwelling ~ C   F  D01: 9/23/2017 12:00 AM  Indictment#: 01563N-2017  Location: Jefferson Ave., Roosevelt  Dispo: Dismissed in Satisfaction  Dispo Date: 12/14/2017	
2. PL 26502 01 ~ Criminal Possession Weapon-3rd: Previous Conviction ~ D   F  DOI: 9/23/2017 11:16 PM  Indictment#: 01563N-2017  Docket Number #: CR-024124-17NA  Location: JEFFERSON AVE, ROOSEVELT  Attribute  Weapon - Knife  Dispo: Dismissed in Satisfaction  Dispo Date: 12/14/2017	2) 0
3. PL 12013 00 ~ Menacing-1st Degree ~ E   F  DOI: 9/23/2017 11:16 PM Indictment#: 01563N-2017 Docket Number #: CR-024124-17NA Location: JEFFERSON AVE, ROOSEVELT Dispo: Dismissed in Satisfaction Dispo Date: 12/14/2017	
4. PL 12014 01 - Menacing-2nd: Weapon ~ A   M  DOI: 9/23/2017 12:00 AM Indictment#: 01563N-2017 Location: Jefferson Ave., Roosevelt  Dispo: Plea Dispo Date: 12/14/2017 Sentence: 12/14/2017 Jail 1 year Nassau County Correctional Center	
5. PL 20530 00 ~ Resisting Arrest ~ A   M  DOI: 9/23/2017 11:16 PM Indictment#: 01563N-2017 Docket Number #: CR-024124-17NA Location: JEFFERSON AVE, ROOSEVELT Dispo: Dismissed in Satisfaction Dispo Date: 12/14/2017	×
Date   Bail Requested   Cash Bail Set   Bond Bail Set   Status     9/24/2017   \$0.00   \$100000.00   \$200000.00      Event History   12/14/2017   Conference, Plea and Sentence   NO PART   Plea     CURRY, ERNEST (Defendant)   CORRIGAN, T   Nadeau, Sarah - snadeau (ADA)	
<ul> <li>         ± 11/29/2017   Conference   NO PART    </li></ul>	
TO THE CONTENENCE   NO FART	

Police Inquiry Report

Page 2 of 2

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    ⊞ 10/6/2017 | Hand Up Event | County Court | Grand Jury | True Bill | Panel: 01 Term: 10 Year: 2017
    ⊞ 9/29/2017 | Felony Exam | District Court | 09P Part - Private | |
    ⊞ 9/28/2017 | Grand Jury Presentment | County Court | Grand Jury | |
    ⊞ 9/27/2017 | Conference | District Court | 09P Part - Private | Adjourned |
    ⊞ 9/27/2017 | Conference | 09P Part - Private | |
    ⊞ 9/24/2017 | Arraignment | District Court | A | |
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Page 2 of 2

2/20/2019 10:28:07 AM

Case 2:18-cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 23 of 41 PageID #: 138 2/22/19 Gave to



## OFFICE OF COMMISSIONER OF POLICE

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		Date:February 22, 20
OFNA		OCOP No:
		SUPP.OCOP No:
To:	Commanding Officer, First Precinct	
Subject:	Request for Memo Books Re: Ernest Curry v. CON, NCPD, et al.	
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8. Review	v and submit comments [Refer to this memo	by date and number when replying]
9. Submit	t travel request	·
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Remarks:	Please provide to the Legal Bureau a copy members for the date of September 23, 20	the mame book anti-
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	If you have any further questions, please co	ontact Attorney P.O. Edgar White at the
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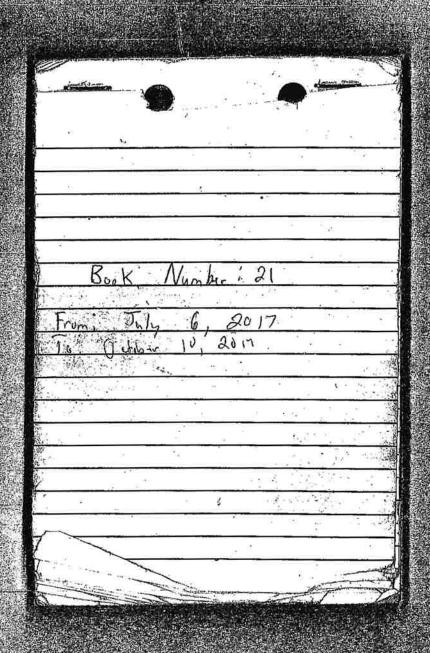
## OFFICE OF COMMISSIONER OF POLICE

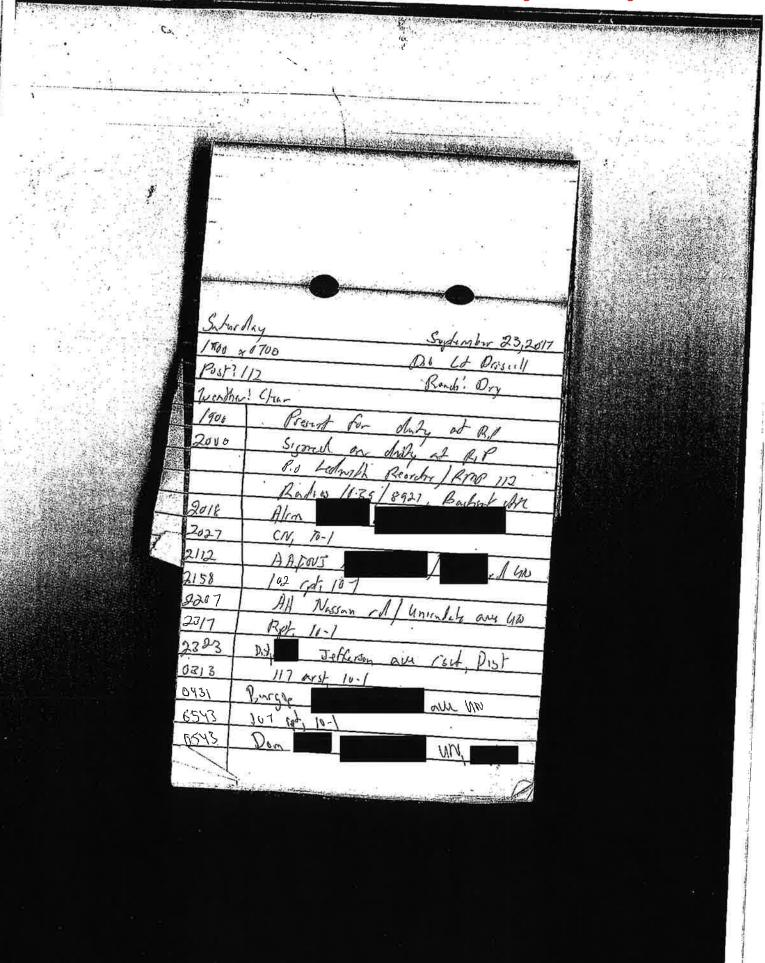


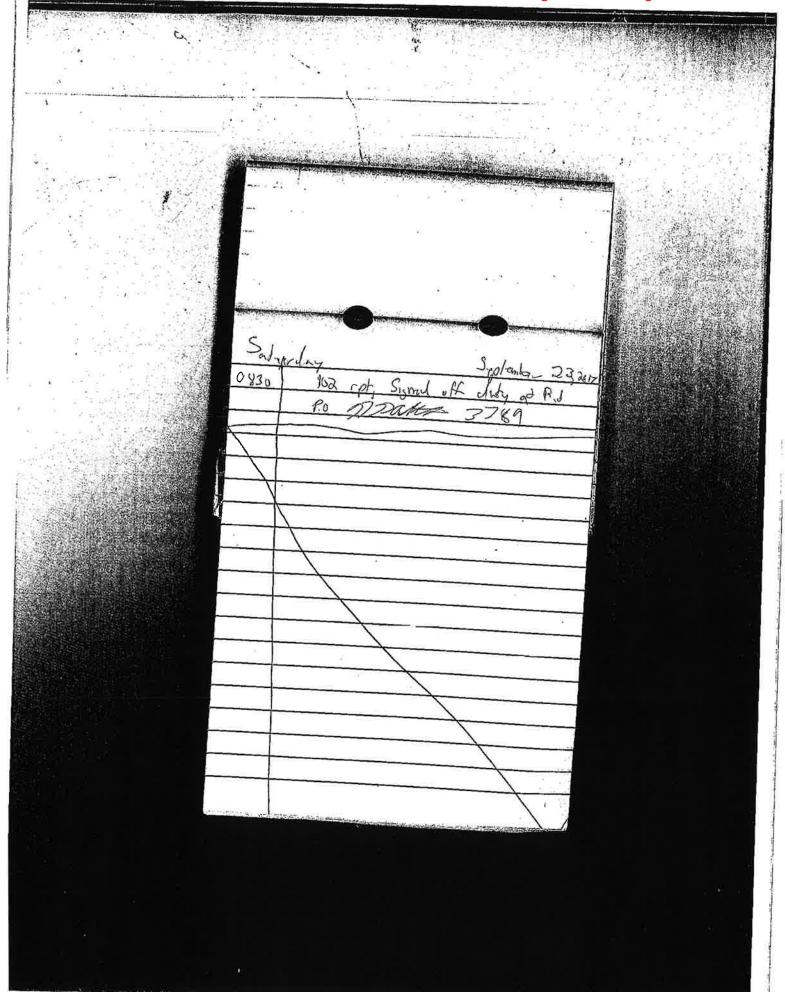
Date:	February 22, 2019
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		SUPP.OCOP No: LB	383-18
1	o:	Commanding Officer, First Precinct	
S	ubject:	Request for Memo Books Re: Ernest Curry v. CON, NCPD, et al.	
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		If you have any further questions, please contact Attorney P.O. Edgar White at	the
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Received		Reply Due Date March 8 2010	
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Case 2:18-cv-01130-KAM-RLM	Document 27	Filed 05/09/19	Page 33 of 41 PageID #: 148
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cv-01130-KAM-RLM Document 27 Filed 05/09/19 Page 35 of 41 PageID #: 150 Date Sophimber 27, 2017 Dr.D. : Ut. Driscoll Weather Cler RMP 107 Relieved PO Confloto Goldsten Poubled w/ POTinguaro Radio 1007 Seats Checkal 2016 10-64 IN CTS TOA 2044 10-1 ARR My 138 Temp 2 Han RMP/02 2378-10-1 CC Jefferson Pl RSUT 1308 Skelisd DIST 0015 10=1 DRR W 117 10-166 10-1- RUP 107 0058 0058 CB/ Noise un

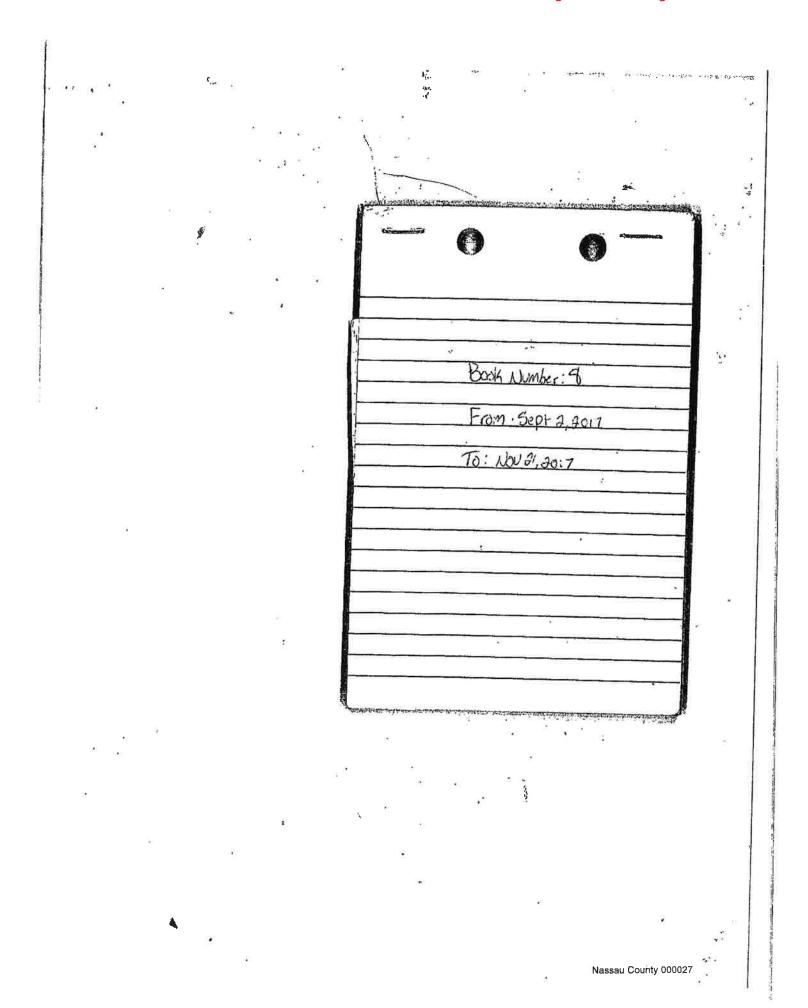
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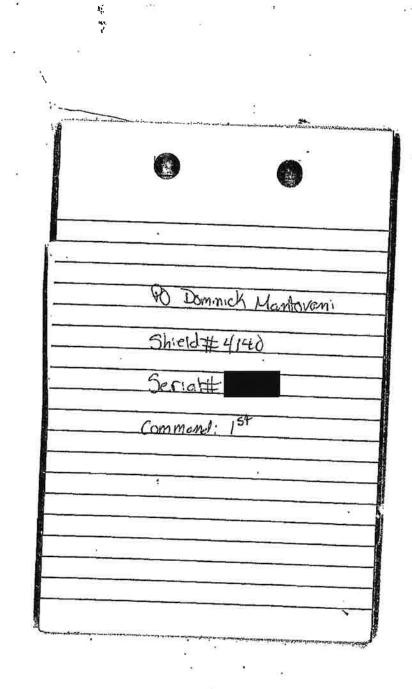
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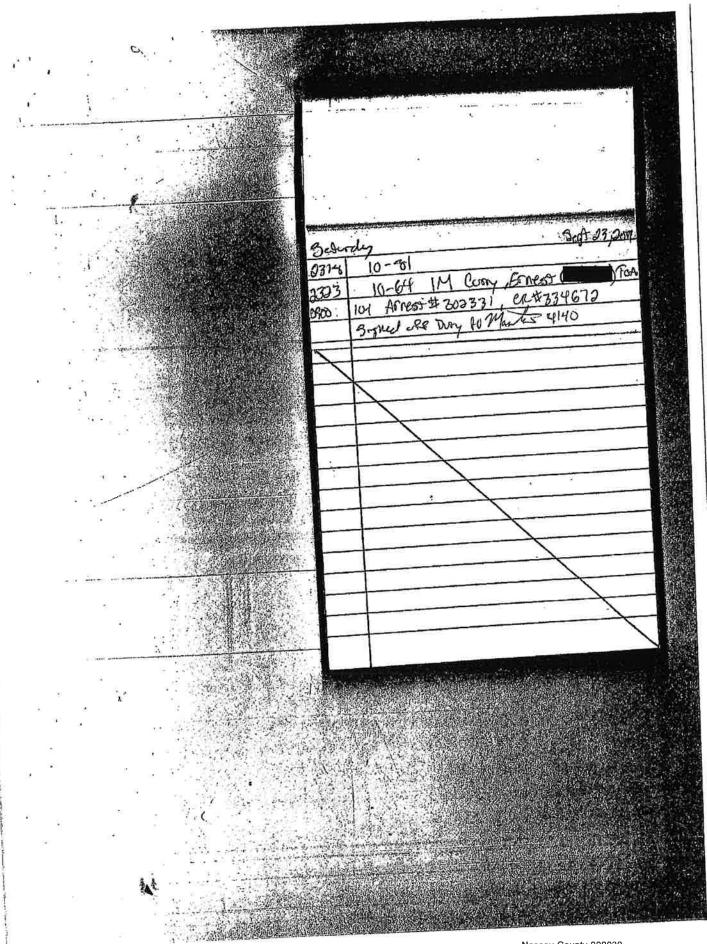
#### OFFICE OF COMMISSIONER OF POLICE

WO NAS		OCOP No:
		SUPP.OCOP No: <u>LB 383-18</u>
To:	Commanding Officer, First Precinct	
Subject:	Request for Memo Books Re: Ernest Curry v. CON, NCPD, et al.	
1. Invest	igation	
2. Repor	t [Refer to this memo by date and number	when replying]
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Remarks:	Please provide to the Legal Bureau a commembers for the date of September 23, 2	py the memo book entries of the following 2017.
	P.O. Dominick Montovani	
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	P.O. Nicholas Dattoma	
	If you have any further questions, please Legal Bureaux	e contact Attorney P.O. Edgar White at the
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